ENTRY BLANK
PLEASE TYPE OR PRINT Entered previous May Show
☐ Ms. ☐ yes ☑ no
MMr. Artist Steven It. Goings
(Lest Name Last)
Permanent Address 3170 Chadbourne Rd. Shakec Hts Street City
44128 Tel. (216) 752-7603
Zip Area Code
Temporary Address
Street City
Tel. ()
Zip Area Code
Permanent address is in what county?
Born in Cuyahoga County
Collaborator(If Any)
If May Show entries are not accepted or not sold:
Artist will pick up at Museum.
Museum should dispose of.
Museum should ship to artist C.O.D. at this address:
Special Instructions When necessary include below instructions or a drawing of how the object is to be assembled and displayed.
THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM

Signature____

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DO NOT DETACH

1975 MAY SHOW
The Cleveland Museum of Art
Cleveland, Ohio, 44106

Dates for Pick-up of Objects

Museum Service Entrance 3:30 a.m. to 4:30 p.m., Monday through Saturday

Rejected Objects April 14 through April 26

Accepted Objects

June 23 through June 28

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.

Please keep address within this box for window envelope.

Name	
Address	3170 Chadbourne Rd
City & State	Shalker Heights Ohio Zip 44120

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your object(s). This notification

will be maile	ed to you fol	lowing judging.			
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